

DEPARTMENT OF SOCIAL
744 P Street, Sacramento, CA 95814



January 26, 1999

COUNTY FISCAL LETTER (CFL) NO. 98/99-53

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIM INSTRUCTIONS FOR IMPLEMENTATION OF THE
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

The purpose of this letter is to provide assistance claiming/reporting instructions for the Cash Assistance Program for Immigrants (CAPI), which was established by AB 2779, Chapter 329, Statutes of 1998. CAPI provides cash assistance to persons who are aged, blind, and disabled and who meet certain specified eligibility criteria. Program implementation instructions and eligibility criteria are provided in All-County Information Notice (ACIN) No. I-52-98, dated September 9, 1998 and All-County Letter (ACL) No. 98-82, dated October 16, 1998.

AID CODES

The following aid codes have been established, effective October 1, 1998, to track and claim CAPI costs. Until they are available in MEDS (approximately 90 days), counties are requested to maintain pertinent case/recipient information to allow retroactive identification of cases by aid code.

Code 1A CAPI, Qualified Aliens, is for non-citizens lawfully residing in the United States prior to August 22, 1996, who meet the federal definition of qualified alien and who are age 65 or older.

Code 6K CAPI, Non-Qualified Aliens, is for non-citizens who entered the United States prior to August 22, 1996 and meet the previous SSI/SSP Permanent Residence Under Color of Law requirements, but not the federal definition of qualified alien.

Code 6M CAPI, Sponsored Aliens, is for sponsored legal immigrants who entered the United States on or after August 22, 1996, and the sponsor is deceased or disabled, or the immigrant is a victim of abuse by either the sponsor or sponsor's spouse.

ASSISTANCE CLAIMING INSTRUCTIONS

Counties were required to begin accepting CAPI applications effective November 1, 1998 and issuing benefit checks effective December 1, 1998. Counties may choose one of the following two options for issuing checks:

1. County or county consortium issues benefit checks; or
2. State issues benefit checks on behalf of counties or consortia

Individual assistance claiming instructions for the two options are as follows. Regardless of the option selected, all counties are individually responsible for compliance with applicable claiming policies, rules, and regulations governing CAPI.

1. County/County Consortium Issues Benefit Checks

Monthly reimbursement claim Form CA 44 (sample included as Attachment I) has been developed for counties or county consortia choosing to issue benefit checks. Instructions for Lines 1 through 11 are provided on the reverse side of the form; instructions for Lines 7 through 10 are reiterated and expanded below:

1. Line 7, Recoveries of Aid – Supplemental Security Income (SSI): Reimbursements received from the Social Security Administration (SSA) for CAPI payments made to persons subsequently found to be eligible for SSI.

These are funds received from the SSA under the federal Interim Assistance Reimbursement (IAR) program. In these cases, interim assistance payments are made with CAPI funds to a CAPI applicant who is awarded SSI benefits retroactively. SSA reimbursements are made directly to the county of residence. All individual counties are responsible for ensuring that reimbursements are remitted to the State.

2. Line 8, Payment or Reimbursement of State IAR – GA/GR: Reimbursement of GA/GR payments made with county general funds to CAPI applicants who are subsequently found to be eligible for CAPI benefits.

The CDSS Adult Programs Branch will be issuing an ACL in the near future which will provide additional information as well as the authority for counties to implement a state IAR program. Reimbursements for interim assistance payments made with GA/GR funds will be provided where CAPI benefits are awarded retroactively. Once determined eligible, CAPI payments made to recipients should be reduced by the amount of any interim assistance GA/GR payments. Both the San Mateo and Sacramento County consortia have agreed to issue and process payments on behalf of their member counties for the State IAR program. Consortia, as well as non-consortia counties, will report GA/GR recoveries on Line 8 of the CA 44.

3. Line 9, Recoveries of Aid – Other: Recoupments of aid from or on behalf of a former recipient (e.g., recovery of overpayments, voluntary repayments, etc.).

Camera-ready copies of the CA 44 are available upon request through the Forms Management Unit. Please contact:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, California 95814
Telephone Number: (916) 657-1907

Claims must be received by the California Department of Social Services within twenty (20) calendar days after the month of the claim and must be accompanied by a Payroll Summary that displays the initial issuance date(s) of payments to support Line 4, Prior Month Supplemental Payroll. County consortia must submit separate supporting documentation for each of their member counties attached to the monthly CA 44.

Please submit claims to:

California Department of Social Services
Financial Services Bureau
744 P Street, M.S. 13-79
Sacramento, California 95814

2. State Issues Benefit Checks on Behalf of County/County Consortium

Counties or county consortia choosing this option must designate a county/county consortium contact person responsible for all recipient inquiries. In order for the State to process and issue payments, counties/consortia must submit recipient information to the State **three calendar weeks before the requested issue date of the check**. The State will issue payments on the 1st and 16th of each month. Recipient information should include the following:

- Recipient's name
- Recipient's address
- Payment amount
- Recipient's Social Security number
- Case number
- County contact person or county consortium contact person
- County or county consortium contact person's phone number
- Aid code
- Pay periods
- Future monthly payment amount
- Beginning date of future monthly payments
- County of residence
- Date aid is discontinued, where applicable
- Changes to recipient's name, address, or payment amounts, where applicable.

Forms CA 45 (CAPI invoice) and CA 46 (Attachment to CA 45) have been developed for reporting payment data. The CA 45 should be used to summarize payment amounts by aid category and the CA 46 (Attachment to CA 45) to report the recipient information identified above. Samples of both forms are included as Attachments II and III, respectively. Camera ready

copies may be obtained from the CDSS Forms Management Unit (please refer to the top portion of this page for address and telephone number).

In addition, counties choosing this payment option are responsible for reporting SSI recoveries and GA/GR IAR payments on Lines 7 and 8, respectively, of the form CA 44. SSI payments received by counties from the Social Security Administration must be refunded to the State.

If you have any questions regarding this letter, please contact your Fiscal Policy Analyst at (916) 657-3440.

***Original Document Signed By
George E. Peacher Jr. on 1/26/99***

GEORGE E. PEACHER JR., Chief
Fiscal Systems and Accounting Branch

Attachments

c: CWDA

**INVOICE
STATE ISSUES BENEFIT CHECKS
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS****TO:** CA DEPARTMENT OF SOCIAL SERVICES
FINANCIAL SERVICE BUREAU
744 P STREET, MS 13-79
SACRAMENTO, CA 95814

FROM: COUNTY/COUNTY CONSORTIUM NAME	INVOICE NO.:
COUNTY/COUNTY CONSORTIUM ADDRESS	COUNTY/COUNTY CONSORTIUM CONTACT
COUNTY, CITY, STATE, ZIP CODE	CONTACT'S PHONE NUMBER

SUMMARY OF BENEFIT PAYMENTS (SEE ATTACHED LISTING)

AMOUNT QUALIFIED ALIENS (Before 8/22/96) Aid Code 1A	AMOUNT NON-QUALIFIED ALIENS (Before 8/22/96) Aid Code 6K	AMOUNT SPONSORED ALIENS (On or After 8/22/96) Aid Code 6M	TOTAL

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official responsible for the Cash Assistance Program for Immigrants in and for aforesaid county/county consortium; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government code; that the amounts reported herein have been incurred and are properly chargeable as expenditures for administration of the Welfare programs in accordance with all provisions of the Welfare and Institutions code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE
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CDSS USE ONLY:

APPROVED BY:	AMOUNT APPROVED:
DATE APPROVED:	AMOUNT CUT:
PAYMENT PERIOD:	PAYMENT MADE ON SCHEDULE #:

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (STATE ONLY)

COUNTY	DATE (MONTH/YEAR)
COUNTY CONTACT PERSON	TELEPHONE

(A) Qualified Aliens (Before August 22, 1996)	(b) Non-Qualified Aliens (Before August 22, 1996)	(c) Sponsored Aliens (On or After 8/22/96)	SOURCE DOCUMENTS
			PART I: PAYROLLS
			1. Main Payroll
			2. Current Month Supplemental Payroll
			3. Current Month Cancellation I
			4. Prior Month Supplemental Payroll
			5. SUBTOTAL (LINES 1, 2, 3, AND 4)
()	()	()	PART II: ADJUSTMENTS
()	()	()	6. Prior Month Cancellation
			7. Recoveries of Aid-SSI
()	()	()	8. Recoveries of Aid - GA/GR
			9. Recoveries of Aid - Other
			10. Subtotal (Lines 6, 7, 8, and 9)
			11. TOTAL (Line 5 + Line 10)
GRAND TOTALS (LINE 11, COLUMNS A + B + C)			\$
(FOR STATE USE)			

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Cash Assistance Program for Immigrants in and for aforesaid county/county consortium; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county/county consortium responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Cash Assistance Program for Immigrants made by the county/county consortium; that said amounts correctly reflect the State share in aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

INSTRUCTIONS FOR USE OF FORM CA 44

GENERAL INFORMATION

1. Enter county name, and month and year of claim, in the spaces provided.
2. Enter name and telephone number of county/consortium staff person to be contacted if there are any questions regarding the claim.

CURRENT MONTH

3. Lines 1 through 4: Complete Columns A, B, and C in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll.)
4. Line 5: Enter subtotals of Columns A, B, and C for Lines 1 through 4.

PRIOR MONTH

5. Lines 6: Complete Columns A, B, and C in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll.)

RECOVERIES OF AID

6. Line 7: Enter amounts recovered from SSI for aid paid in this month or in a prior month. Amount to be refunded to the state.
7. Line 8: Enter amounts paid from GA/GR for interim assistance in this month or in a prior month.
8. Line 9: Enter amounts recovered from current or former CAPI recipients in this month or in a prior month.
9. Line 10: Enter subtotals of Columns A, B, and C for Lines 6 through 9.
10. Line 11: Enter Total of Line 5 + Line 10.

ATTACHMENT TO INVOICE FORM CA 45
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

COUNTY/COUNTY CONSORTIUM NAME:

REQUEST PAYMENT DATE FOR BATCH:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Recipient's Name	Social Security Number	Recipient's Address	Case Number	Aid Code	Pay Periods	Initial Payment Amount *	Future Monthly Payment Amount	Beginning Date of Future Monthly Payment Amount	County of Residence	Date Aid Discontinued	Check if Appropriate		
												Name Change	Address Change	Change in Payment Amount
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

* Includes the first full month of CAPI payments plus amounts owed for prior months less GA/GR emergency payments.